

Ligation of the Femoral Artery

Right lesser wing of sphenoid projecting up, forming a long sharp process. A marked bony prominence existed at the junction of the basilar process of occipital and sphenoid. Carotid and vertebral arteries ossified. Pacchionian bodies wanting on right side, but profuse on left. In their midst was, as a result of inflammation, a deposit of fibrin about the size of a cherry. Similar fibrinous deposits were found scattered over the arachnoid. A deep fossa corresponding to the situation of the Pacchionian bodies existed on the left side. Right lateral ventricle small, containing fluid. Weight of brain, thirty-five ounces.

LIGATION OF THE FEMORAL ARTERY FOR LARGE ANEURISM OF THE POPLITEAL ARTERY—RECOVERY.

BY J. EWING MEARS, M.D.

MAY 14, 1871, I was asked by Dr. J. T. Rowland, of Media, Delaware County, to see in consultation a patient who was suffering from an aneurism of the left popliteal artery. The following history of the case was obtained by his son, Dr. F. F. Rowland, then a student of medicine:

"T. K., æt. 66 years, native of Ireland, temperate, farmer by occupation. With the exception of several attacks of rheumatism, he has enjoyed good health. He has never sustained any injury to which he can attribute the origin of the tumor. The first intimation he had of any trouble in his leg was in September, 1870, when he noticed that in tying the string in the shoe of the left foot a tingling sensation was felt, which extended up to the knee. This condition continued until January 1, 1871, when he discovered a tumor, about the size of a small egg, occupying the popliteal space. At first the growth of the tumor was slow. Within the past two weeks the increase in size has been very rapid, measuring at this date twenty-six inches in circumference."

On examination, a large, irregular-shaped tumor was found occupying the left popliteal space, and encroaching, to a great extent, upon the external surface of the limb. The surface was cold and had the livid hue which indicates venous congestion. Large veins were distinctly visible coursing over it. The leg was flexed at an angle of 60° , and was greatly increased in size by oedema. Pulsation could not be detected, and the aneurismal bruit was distant and indistinct.

During the past two weeks the patient had suffered intense pain from the pressure produced by the rapidly enlarging tumor, and was greatly exhausted by pain and loss of rest. Anodynes in large doses failed to alleviate his sufferings, and he was extremely anxious that something should be done for his relief. A careful examination of the heart and superficial arteries was made, in order to ascertain their condition. This examination showing them to be free from disease, I advised ligation of the femoral artery according to Hunter's method. The plan of treatment being accepted, I cut down upon the vessel, and surrounded it with a large silk ligature, which was applied with moderate force to the artery and was successful in controlling the circulation through the vessel and aneurismal sac.

The limb was then enveloped in cotton wool, kept in place by a loosely-applied roller, and half a grain of morphia was given hypodermically.

Under the watchful care of Mr. Rowland, the patient made a satisfactory recovery, the ligature not being detached until the *twenty-sixth* day. The pain was relieved at once, and the tumor slowly decreased in size. At this time, two years after the operation, the measurement about the knee is fifteen inches, and a small tumor about the size of an English walnut occupies the popliteal space. The patient enjoys good health, and is able to perform his ordinary duties about the farm.

Remarks.—The very unfavorable condition of the patient, exhausted by pain and loss of rest, with the character of the aneurism from which he was suffering, rendered the prognosis in this case doubtful under any plan of treatment. The condition of the patient was such as to imperatively demand that relief by surgical treatment should not be long delayed, and at the same time his state, as well as the nature and condition of the aneurism, made the question as to the selection of the method of treatment one of great importance, and one which required most careful deliberation. Treatment by compression, so frequently successful in ordinary cases of popliteal aneurism, did not appear to be applicable in this case, for these reasons: 1. The possibility of failure, and, as a consequence, the continuance of the pain and other unfavorable symptoms. 2. The danger of increasing the oedema and venous congestion, already of a threatening character, in reference to the production of gangrene.

The fact also that there were not at hand proper appliances for making compression had its influence in the decision to reject a trial of this method of treatment,—a matter of importance always; especially does it obtain in such a case as the one under consideration.

Amputation at the middle of the thigh was deemed inadvisable on account of the condition of the patient. The shock consequent upon an operation of such magnitude would have produced, in all probability, a speedily fatal termination.

Ligation of the femoral artery, therefore, while not free from some of the objections properly urged against other methods, seemed to be the plan of treatment presenting the most favorable prospects of success.

The employment of a large ligature, and its application to the vessel with moderate force, without doubt contributed to the successful issue by preventing the too rapid separation of the coats of the vessel, with the hazard of producing secondary hemorrhage.

A GYNÆCOLOGICAL CURIOSITY.

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ON the 14th of November, 1872, I was consulted by Mrs. J. H. S. for advice in regard to a variety of symptoms, chiefly referred, however, to the pelvic region. She states that she missed her menstrual epoch, last due on the 12th of October,